DISASTER PREPAREDNESS
FOR
PERSONS WITH DISABILITIES

IMPROVING CALIFORNIA'S RESPONSE

A REPORT BY THE

THE CALIFORNIA DEPARTMENT OF REHABILITATION
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I. INTRODUCTION AND BACKGROUND

INTRODUCTION

In the aftermath of the 1994 Northridge earthquake, a flaw in the disaster response system in California was discovered. A significant number of disaster response problems affecting people with disabilities came to the attention of the Wilson Administration. In retrospect, it became clear that most of these problems were also issues during and after the Loma Prieta earthquake in 1989. These issues included accessibility at shelters, policies which had the potential to be discriminatory toward persons with disabilities, lack of knowledge and coordination of existing disability related resources which could have ameliorated some of the problems, and lack of support services needed by persons with disabilities. In response to the concerns raised by the disability community, the Secretary of the California Health and Welfare Agency, Sandra R. Smoley, R.N. assigned the Department of Rehabilitation (DR) the task of identifying the critical issues people with disabilities faced specifically during and after the Northridge earthquake and which might be faced again in a disaster situation. To complete this task, the following activities were undertaken:

At the direction of the Secretary of the Health and Welfare Agency, DR convened three meetings, two in Southern California and another in Northern California, to hear from disability community leaders about important issues and recommendations for solutions. A listing of participants in both meetings appears in the Appendix to this report.

The Director of the Department of Rehabilitation toured the San Fernando Valley to hear directly from people with disabilities who were most seriously impacted by the disaster.

In preparing the report, contacts were made and meetings were held with other governmental agencies such as the Office of Emergency Services (OES), the Departments of Social Services, Mental Health, Health Services, Emergency Medical Services, and the Federal Emergency Management Agency regarding disaster preparedness and response issues related to persons with disabilities. These contacts were utilized to immediately address disaster response issues related to persons with disabilities which occurred as a result of the floods in Northern California in early 1997.

A brief summary of the roles and responsibilities of the various state agencies involved in these discussions related to disaster response is included as part of

the report.

A literature search was conducted on disaster response for persons with disabilities and information gathered in this process has been utilized as a foundation for this report and future activities. Some of the relevant resource materials are cited in Section V, List of Resources.

This report reflects input and analysis derived from these various activities. It presents the issues and strategies for improvement in the following three general sections:

1) Advance Preparation for a Disaster
2) Immediate Response to a Disaster
3) Post Disaster Recovery

In the context of continuous improvement of governmental and community response to the needs of its citizenry, this report is designed to present a dynamic plan for improving California's ability to respond to persons with disabilities in a disaster situation. It is recognized that progress in this area will be incremental as a disaster situation presents great challenges and stress to all citizens. The report is designed to begin the improvement process.

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II. DEFINITIONS AND TERMINOLOGY

DEFINITIONS AND TERMINOLOGY

Persons with Disabilities

Persons with disabilities comprise a heterogeneous group of people, in terms of age, type of disability, and the conditions which led to acquiring a disability in addition to other demographic factors such as gender, ethnicity, and socio-economic status. A person may have been born with a disability or may acquire it later in life through an accident or medical condition. Some persons may have multiple disabilities. Many disabling conditions become stable after their acquisition while others are progressive and will lead to more functional limitations over time.

The Americans with Disabilities Act (ADA) defines a person with a disability as:

> A person with a physical or mental impairment that substantially limits one or more major life activities; or
>
> A person with a record of such a physical or mental impairment; or
>
> A person who is regarded as having such an impairment.

While there are numerous ways to categorize or define various disabilities, they generally include physical disabilities such as health and sensory conditions which meet the criteria above, and mental impairments which include cognitive and psychiatric disabilities.

Persons with physical disabilities may use a wheelchair, cane, or crutches, or have limited mobility in terms of distance. A physical disability may also lead to limitations in use of one's upper extremities. A physical disability may be caused by an accident such as in the case of a spinal cord injury or amputation, or through a disease such as multiple sclerosis.

Persons with a disability due to a health impairment include those with cancer, diabetes, heart conditions, AIDS, and other illnesses if the illness substantially affects a major life activity. As described above, the ADA protects persons who have a history of a disability, such as cancer, from discrimination on the basis of disability.
Persons with sensory disabilities include those with vision and hearing impairments. These conditions may include a partial or total loss of vision or

hearing. Persons whose vision is correctable to within normal range with glasses are not considered to have a disability. Again, vision and hearing impairments may be present at birth or may be acquired later in life through an accident or illness.

Persons with mental or cognitive impairments include those with developmental disabilities, including those who were historically defined as mentally retarded, persons with autism, persons with psychiatric disabilities, and/or persons with learning disabilities who, by definition have average or above intelligence, and have a processing deficit.

Other disabilities may include speech impairments such as stuttering or severe disfigurement in which case people are regarded as having a disability although their disfigurement may not pose any functional limitations.

Discrimination

Discrimination includes active or indirect (by contract or other arrangement) participation in acts which tend to limit, segregate, or classify the individual in a way that adversely affects his/her opportunities or status. Through architectural, communication, and transportation barriers; intentional exclusion; overprotective rules, policies and qualification standards; and relegation to lesser services and opportunities, individuals with disabilities have been routinely denied the chance to compete on an equal basis. The Americans with Disabilities Act (ADA) of 1990 is intended to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with physical and/or mental disabilities.

Reasonable Modifications

Reasonable modifications are a key requirement of non-discrimination for persons with disabilities. The ADA "requires that places of public accommodation must make reasonable modifications in policies, practices, and procedures when such modifications are necessary to afford goods and services to a person with a disability, unless the public accommodation can demonstrate that modifying the policy or practice would fundamentally alter the nature of the goods and services offered". For state and local governments, other ADA requirements include the provision of auxiliary aids and services as described below which include acquisition or modification of equipment or devices, appropriate adjustment or modification of training materials or policies, the provision of qualified readers or

interpreters, and other similar accommodations for individuals with disabilities.

Accessibility

Accessibility for an individual with a disability includes accessibility of the site itself and all related facilities. Examples include: installing a ramp at the building entrance; reserving parking spaces wide enough to use wheelchairs close to the worksite; making restrooms and drinking fountains accessible; providing accessible "paths of travel;" removing obstacles; and adding alarm systems which alert hearing impaired as well as visually impaired individuals.[1]

Auxiliary Aids and Services

Auxiliary aids or **services** include qualified interpreters or effective methods to translate acoustical materials for individuals with hearing impairments, visual materials for people with visual impairments, and the acquisition or modification of equipment or devices, or related services or actions. Questions with respect to the type of auxiliary aids or accommodations necessary are legitimate in an assessment or screening process for the purpose of ensuring full participation for services or benefits.[2]

[1]EEOC T.A. Manual, p. III-19

[2]U.S. Department of Labor, "Employment Services Letter No. 92-23, Oct. 1992, pg. 2

III. DEPARTMENTAL MISSIONS, ROLES, AND RESPONSIBILITIES

Departmental Missions, Roles, and Responsibilities

In order for the reader to better understand the strategies for improvement included in the report, the mission, role, and responsibility of each of the state agencies which participated in discussions related to the preparation of the report and which were identified as having a role in disaster response in California are identified below.

Office of Emergency Services (OES)

Under the authority of the Emergency Services Act, the Governor's Office of Emergency Services mitigates, plans, and prepares for, responds to, and aids in recovery from the effects of emergencies that threaten lives, property, and the environment. OES has a role both in emergency preparedness and response. Its role in emergency preparedness is to ensure efficient, effective, integrated response to potential and/or actual emergencies and disasters by implementation of the Standardized Emergency Management System (SEMS), and the development of response capabilities. The system shall ensure immediate and sustained response operations and a smooth transition into long term recovery. The role of OES in emergency response is to provide timely, effective, efficient, and coordinated government response to potential and/or actual emergencies and disasters. The level of support will include state, operation areas, and local agencies. Support will be coordinated through the use of the Standardized Emergency Management System to ensure appropriate commitment of state resources to assist local jurisdictions.

Emergency Medical Services Authority (EMSA)

In cooperation with the Governor's Office of Emergency Services (OES), and in accordance with the State Emergency Plan, the Emergency Medical Services Authority coordinates the state's medical response to disasters by mobilizing and coordinating emergency medical services and mutual aid resources to local governments in support of their disaster medical response. This includes the responsibility to provide personnel, medical supplies and materials from unaffected regions of the state to meet the needs of the affected counties. Part of the role of the EMSA is to also assume the responsibility for arranging the evacuation of injured persons to hospitals in areas/regions not impacted by a disaster. Prior to a disaster, the EMSA coordinates medical and hospital disaster preparedness with local emergency management system agencies, other local, state, and federal agencies, and departments having a responsibility relating to

disaster response, and assists OES in the preparation of the emergency medical services component of the State Emergency Plan.

Department of Social Services

The Department of Social Services has responsibility for two programs related to disaster response: the Individual and Family Grant Program (IFGP) and the Emergency Welfare Services (EWS) which consists of the Mass Care and Shelter Program and the California Emergency Repatriation Plan (CERP).

The Individual and Family Grant Program provides grants to eligible individuals and families for damages, losses, and expenses occurring as a direct result of a Presidentially declared disaster which are not covered by other programs such as the American Red Cross, or the U.S. Small Business Administration disaster loan program and insurance. The IFGP is conducted in coordination with the Federal Emergency Management Agency (FEMA) which receives all applications, conducts onsite damage appraisals and then transmits the applications to the IFGP for eligibility determination.

Emergency Welfare Services (EWS) includes the Mass Care and Shelter Program (MCS) and the Emergency Repatriation Plan (CERP). The primary mission of MCS is to provide temporary care and shelter for persons forced from their primary dwellings by emergencies and/or disasters. This function is conducted in coordination with the American Red Cross (ARC), the Salvation Army and other volunteer organizations as well as OES. The CERP provides for the evacuation of American citizens residing in or visiting foreign countries in the event of a Presidentially declared national emergency. The Presidential Order for such evacuation may come as a result of war, threats of war, incidents and/or natural disasters that pose a threat to Americans.

Department of Health Services

Under the coordination of the Governor's Office of Emergency Services (OES) and the State Emergency Plan, the Department of Health Services (DHS) is charged with the responsibility for coordinating statewide disaster public health assistance in support of local operations.

The Department has the primary responsibility for public and environmental health operations and has a major supporting role to the Emergency Medical Services Authority (EMSA) for disasters involving mass casualties. A Memorandum of

Understanding, which is in place between DHS and the EMSA, details the relationship between the two departments and describes each of their specific responsibilities in planning and responding to a catastrophic disaster in California. Under the agreement, the primary responsibility of DHS is the development, implementation, and administration of the Joint Emergency Operations Center (JEOC). In a major disaster, the JEOC acquires medical and public health supplies, equipment, and personnel as needed to support the disaster medical response under the statewide medical/health mutual aid system. The JEOC also serves as the central point for coordination of DHS' emergency response and recovery activities, information, and resources.

Department of Mental Health

The Department of Mental Health (DMH) coordinates overall state disaster mental health response to major disasters in support of local mental health programs and local government. DMH is responsible for assisting local mental health in their emergency preparedness, response and recovery efforts to assure the disaster-related mental health needs of California citizens are met following major natural, man made, and war caused emergencies.

Department of Rehabilitation

In addition to its primary role under the federal Rehabilitation Act to assist persons with disabilities to enter the workforce, the Department of Rehabilitation (DR) also serves as a source of technical assistance and advocacy, as appropriate, for the needs of persons with disabilities in California. In this role, the Department has been designated by Governor Wilson as the lead agency to assist state and local governments as well as the private sector to comply with the Americans with Disabilities Act (ADA). As part of this assignment, the ADA Unit of DR is prepared to enter into Interagency Agreements to assist other units of state government to develop plans and procedures to meet the requirements of the ADA. In regard to disaster response, DR has the role of providing technical assistance and information on issues related to persons with disabilities to agencies with a general disaster response function. This assistance can be made available by DR though its Central Office at the state level or through its Field Operations Division's (FOD) three regional offices and/or the 17 DR district offices throughout the state.

DISASTER PREPAREDNESS FOR PERSONS WITH DISABILITIES
IMPROVING CALIFORNIA'S RESPONSE

IV. ISSUES AND STRATEGIES FOR IMPROVEMENT

ADVANCE PREPARATION FOR A DISASTER

IMMEDIATE RESPONSE TO A DISASTER

POST-DISASTER RECOVERY

ADVANCE PREPARATION FOR A DISASTER

VOLUNTEER AND STAFF TRAINING

OUTREACH TO THE DISABILITY COMMUNITY

CAPACITY BUILDING OF RESOURCES

ADVANCE PREPARATION

Volunteer and Staff Training

In order to effectively meet the needs of persons with disabilities during a disaster, training of volunteers and staff needs to take place. Prior to a disaster, it is necessary to provide involved parties with general disability sensitivity training, as well as more specific training on assisting persons with various types of disabilities, assistive devices, access issues, and the availability of disability related resources.

General sensitivity training needs to focus on raising awareness regarding some of the following common issues:

Diversity of the Disability Community

Persons with disabilities are a diverse group, in terms of type of disability, ethnicity, socio-economic status, personality, and preference. Therefore, it is important to treat each person as an individual whose disability is one characteristic of his/her being.

Limiting the Effects of a Disability

Although a person's disability may affect one or more aspects of his/her functioning, it is important not to "spread" the limitations from the disability over the entire person. Examples of "spread" are asking the person accompanying an individual who uses a wheelchair what the individual with a disability wants or needs instead of speaking directly to the individual or speaking more loudly than usual to a blind person.

How to Assist Persons with Disabilities

When uncertain what to do to appropriately assist a person with a disability, it is always the best approach to ask the person what assistance, if any, he/she would like. If the person indicates they do not need assistance, it is best to accept this response unless the person is clearly and without doubt in imminent danger of hurting themselves or someone else.

Appropriate Use of Language

Because language illustrates how we think about a particular group of people, its usage is an important aspect of demonstrating positive attitudes toward persons with disabilities. General sensitivity training should include appropriate and inappropriate uses of language. Examples of appropriate language related to persons with various disabilities are described in the Appendix of the report.

Disability Specific Training

Disability specific training also needs to be provided, especially to persons who will assume leadership roles in a disaster situation. This training should include information on common issues faced by persons with various types of disabilities with a focus on experiences that persons may face in a disaster situation, along with possible solutions. In addition, training should teach persons about available resources such as community and government agencies which have expertise serving persons with various disabilities, and how to access such resources within a local, regional, and statewide area.

Strategies for Improvement

1. Under the leadership of the Department of Rehabilitation and in cooperation with other disaster response agencies, a curriculum should be developed for a continuing education program to train police, firefighters, paramedics and other relief personnel to work effectively with people with disabilities. After the curriculum has been developed, a meeting should be convened of statewide contacts for continuing education for the professionals listed above to present them with the model curriculum and offer a list of resource persons at the local level who may provide such training.

   - The training should include information on basic mobility and non-visual or aural orientation techniques as well as general information on how to interact with and assist persons with disabilities in a socially appropriate manner.

2. OES, in collaboration with the Department of Rehabilitation as a training resource, should train its regional staff and local government emergency program managers/directors on disaster response issues as related to persons with

disabilities.

3. Local emergency program managers/directors and the operational area councils for disaster response should initiate an invitation to community based organizations whose role is to serve persons with various disabilities (i.e., independent living centers or local Department of Rehabilitation offices) to participate on the local coordination team.

ADVANCE PREPARATION

Outreach to the Disability Community

In advance of a disaster, persons in the disability community need to be aware of disaster response issues in general as well as how they relate to their disability specific needs. Persons should be encouraged to conduct a self assessment of their needs and have a series of contingency plans in the event of a disaster. People may be encouraged, for example, to store extra bottled water as well as, whenever possible, extra medications. In addition, people with disabilities need to know what may be available in the case of a disaster in terms of shelter access, transportation, and support services. Through sharing of the disaster response planning process, persons with disabilities, their families and other natural support systems may be better able to handle some of their own needs. In addition, the general disaster response system will be better prepared to address the needs of persons with disabilities. This coordination and outreach should take place at both the state and local levels.

Strategies for Improvement

1. State and local emergency management teams should be encouraged to include disability issues and resource persons on disability issues in their advance planning efforts.

- The Department of Rehabilitation should suggest state and local contacts for these teams which include but are not limited to: the Department of Rehabilitation, independent living centers, and Mayors' Committees on Employment of Persons with Disabilities.

- Notices of training opportunities, conferences, key meetings, articles, and press releases about disaster response should be sent to the disability organizations identified above. This will allow for sharing of resources and maximum advance planning.

- Emergency response entities and disability resources at the state and

local levels should collaborate to present sessions on general disaster response issues at disability related conferences and trainings; sessions on disability issues at disaster response trainings and conferences; and/or to develop unique training opportunities on the subject as the need and opportunity arise.

ADVANCE PREPARATION FOR A DISASTER

CAPACITY BUILDING OF RESOURCES:

ACCESSIBILITY OF SHELTERS

IDENTIFICATION AND COORDINATION OF EXISTING RESOURCES

REVIEW AND REVISIONS TO EXISTING POLICIES

ADVANCE PREPARATION

Capacity Building of Resources

Accessibility of Shelters

Physical access to shelters is a fundamental issue for persons with disabilities. While the primary need will be for accessibility for persons with mobility limitations, access features for persons with hearing and visual impairments are also considerations to be addressed.

Strategies for Improvement

To meet this need in California, the Department of Social Services (DSS), in accordance with its delegated mandates as contained in Administrative Order W-9-91, shall continue to promote implementation and compliance with Federal and State anti-discrimination laws that address physical and program accessibility.

1) DSS in conjunction with its major partner in care and shelter, the American Red Cross (ARC), and as specified in the *1996 Statement of Operational Relationship* between the two agencies, shall continue to encourage local chapters to survey existing and potential shelter sites, and wherever possible select those most in compliance with the Americans with Disabilities Act (ADA) including:

- Within the normal scope of operations and related to DSS and the American Red Cross' obligations to comply with the ADA, that facilities deemed suitable for mass care and shelter (MCS), be reviewed for compliance with ADA requirements.

- When technology becomes more widely available, that DSS and ARC may develop a comprehensive data base including, but not limited to, ADA suitable shelter sites.

2) That as a minimum requirement, each community develops at least one MCS site that is "fully" ADA accessible. That the definition of "each community" for these purposes be left to local ARC chapters and local government entities.

- Whereas local ARC chapters will be hard pressed to find facilities that are 100 percent in compliance with ADA requirements, that *due diligence* be used in the implementation of the ARC's most recent "guidance" to its

shelter managers for the care and shelter of persons with disabilities.

- Whereas services such as battery powered wheelchairs, light talkers, computers and respirators are vital to some people with disabilities, every effort should be made to accommodate access to electrical power. These power sources should be clearly marked and accessible.

3) That local communities and operational areas be encouraged to provide people with disabilities regularly updated information on the location of suitable shelters.

4) That in the advance planning process, a list of resources including the local independent living center and the Regional Center for persons with developmental disabilities be compiled and provided to the ARC, DSS and the Federal Emergency Management Agency (FEMA) which can assist persons with disabilities to find transitional housing. Then, as soon it is determined that people with disabilities will need transitional housing after emergency shelters are to close, they should be referred to these disability related agencies for assistance.

5) That FEMA be encouraged to assure that disaster relief application materials and/or processes are accessible to people with hearing, visual, physical and cognitive disabilities including:

- Alternative formats which may include communication boards, large print, audio cassette tapes, and information in a variety of demographically diverse languages.

- The provision of American Sign Language interpreters and Telesensory Devices for the Deaf (TDDs) and staff who are competent in TDD operations.

- All pertinent TDD phone numbers for federal and state relief and recovery organizations should be widely publicized.

6) That before agencies mobilize State workers with disabilities for response or recovery work, actions are taken by the employing agency to assure the availability of suitable, accessible housing and other reasonable accommodations while on field assignments.

7) To support the Standardized Emergency Management System's Operations

(SEMS), a representative or designee from the DR should be prepared to act as an agency representative/liaison to the State Operation Center (SOC) and the Regional Emergency Operations Centers (REOCs).

8) As required by the ADA, written materials on disaster response should be available, upon request, in alternate formats (disk, Braille, large print, and audio cassette tape). Entities which produce "on the shelf" materials should produce some copies of all materials in alternate media, and should publicize such availability in each of the regularly printed documents. In addition, disaster response entities should have a plan, in advance of disasters, as to how they will provide program access for persons with disabilities to print materials. Both state and local disability resources should assist with these efforts.

9) Any entity, including FEMA, which offers disaster response services over the telephone, should offer TDD and relay service access for persons with hearing impairments and speech-to-speech relay service for persons with speech impairments. These phone numbers should be publicized with all other phone numbers for the call-in service. In addition, there should be a mechanism to refer a caller to a local human service agency for additional assistance in accessing the service. The service may be a community based or local government entity which has personnel trained in, and sensitive to, the needs of particular constituent groups, in this case persons with disabilities.

10) The Department of Rehabilitation should provide a list to OES and FEMA of where to locate TDDs and sign language interpreters.

ADVANCE PREPARATION

CAPACITY BUILDING OF RESOURCES

Coordination of Existing Resources

Because of the chaotic nature of responding to a disaster, it is critical that, to the maximum degree possible, advance planning and coordination of existing resources for persons with disabilities be conducted. Many community resources exist to serve persons with disabilities. However, oftentimes there is a need to improve ongoing coordination and communication among these resources. In addition, knowledge of these resources by the general community is often seriously lacking; and in times of disaster, there is not likely to be sufficient time or resources to build improved coordination of these specialized resources and general disaster response systems. In sum, this coordination and communication must exist BEFORE the disaster occurs.

Strategies for Improvement

1. Each entity, both at the state and local levels, responsible for developing a disaster response plan should include a specific section on resources and plans to meet the unique disaster response needs of persons with disabilities as related to that entity's role and function in disaster response.

2. At the state level, the Department of Rehabilitation should continue to make a commitment to have a representative serve, on an ongoing basis, on the State Wide Emergency Planning Committee (SWEPC).

3. At the county level, each County Board of Supervisors should appoint at least one Disability Services Coordinator as part of its standardized emergency management system.

- This person should have significant expertise in a wide range of disability issues.

4. The County Disability Services Coordinator(s) should identify persons familiar with disability issues and services.

- These persons should be invited to advance preparation meetings and should also be asked to be available during a disaster to meet the unique needs of persons with disabilities, including those who have hearing, speech, and language problems.

- Independent living centers, specialized community agencies for persons with specific disabilities, durable medical equipment companies, and education agency disabled student service programs may offer excellent sources for solicitation of volunteers, equipment, or resource persons who have specific knowledge of disability issues, and a readily available communication network.

ADVANCE PREPARATION

CAPACITY BUILDING OF RESOURCES

Review of Policies and Procedures

All of the policies and procedures for disaster response developed at the state and local levels need to be reviewed to determine if they are sufficiently inclusive to meet the unique needs of persons with disabilities and to assure that they do not have potentially discriminatory aspects based on historical assumptions about persons with disabilities. It is important to note that such a review would already be required by all public entities in their self evaluation process for the Americans with Disabilities Act.

Strategies for Improvement

1. Each public and private agency involved in disaster response should review its policies and procedures with significant involvement from the disability community. Such a review to assure that policies and practices do not discriminate on the basis of disability are already required for public agencies as part of the self-evaluation process needed to comply with both Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

- As appropriate, and based on the ADA self evaluation process, policies and procedures should be revised to eliminate any potential discrimination issues.

- Specific policy issues which have already been identified as problems during previous disasters such as the Northridge earthquake should be reviewed immediately and, if needed, revised. Examples of reported issues include:

- Policies and procedures related to approval and payment for medication and durable medical equipment replacement were reported as problem areas. Persons may need replacement medication which should not be viewed as a duplicative refill as well as replacement and/or rental of durable medical equipment such as a wheelchair, respirator, or other similar devices. In addition, persons may need to utilize providers other than those previously utilized and

approved as Medi-Cal providers.

- The prohibition of guide or trained companion animals for persons with disabilities in shelters which is clearly contrary to state law. It may be allowable to have a person show documentation that the animal is a guide or companion dog although the advisability of such a requirement in a disaster situation may be questionable.

- The refusal to assist persons with disabilities to transfer to a cot. Some provisions for persons who can provide minimal assistance need to be made at shelters, and emergency provisions for more highly trained personal care providers also need to be in place. Persons with disabilities are placed at greater health risk with far greater costs to government and private health insurance systems if such assistance is not available.

- Transportation policies at shelters need to be examined and clarified. After the Northridge earthquake, there were reports that persons were transported by volunteers to get their mail and see their residences, but persons with disabilities were told they could not be transported due to liability issues. If they exist, such refusals based on liability concerns should be eliminated. In addition, entities should note that if transportation is offered as a service to all persons, then accessible transportation must also be available for persons with disabilities who need such service.

2. Local emergency management teams should utilize the "Food and Consumer Services Handbook" sections related to persons with disabilities described below as a guide for relevant service delivery.

- The Emergency Food Stamp Program (EFSP) experienced numerous problems during its implementation after the Northridge earthquake. This implementation was the largest in the history of the program. Many logistical and communications problems, including some that were disability related, occurred due to the enormity of the task. Prior EFSP implementation had taken place in geographic areas significantly smaller than Los Angeles County. No response plan existed for implementation of the program on a scale such as that needed for Northridge. Since then, the DSS, in conjunction with the U.S. Department of Agriculture's (USDA) Food and Consumer Services (FCS) and the state's County Welfare

Departments, has developed plans to improve the EFSP and to remove program and physical access barriers to persons with disabilities. The plans are contained in the "Food and Consumer Services Handbook." This guidance handbook contains sections on media contacts related to the disability community, appropriate criteria for the selection of potential distribution sites, and networking with private and government emergency and disaster recovery areas.

3. DSS should be commended for its leadership role in sponsoring two trainings in 1996 related to mass care and shelter issues for persons with disabilities. DSS and DR should continue to work with other disaster response agencies and with organizations and agencies serving persons with disabilities to build on the trainings conducted in 1996 in order to continue to improve disaster response for persons with disabilities.

IMMEDIATE RESPONSE TO DISASTERS

LOCATING PEOPLE WITH DISABILITIES

TRANSPORTING PEOPLE WITH DISABILITIES

COMMUNICATION SYSTEMS

DISTRIBUTION SITE ACCESSIBILITY

MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT

SHELTERS

SUPPORT SERVICES

IMMEDIATE RESPONSE

Locating People with Disabilities

In a disaster, it may be especially difficult to locate persons with disabilities who may not be able to exit their homes due to a combination of their disability related limitations, injury from the disaster, and/or damage to their home. In addition, some persons may be more disoriented or may have a disability which results in less access to immediate communication about evacuation processes. Therefore, planning in advance to try to address some of these needs is critical.

While it is important for any family member outside the area to know that their loved one is not injured or homeless, it is particularly important for those with disabilities to be identified to facilitate family members or community support groups in locating individuals with disabilities, arranging for temporary lodging, and addressing the unique needs of people with disabilities.

Strategies for Improvement

1. Efforts should be made by local emergency management teams at the local level to facilitate the development of strategies for persons with disabilities to voluntarily identify themselves as needing assistance in an emergency. "Buddy" systems set up by persons with disabilities and the elderly, in conjunction with volunteer organizations, may be useful models.

2. Activities should be undertaken by local government emergency program managers/directors to help locate persons with disabilities, including those who are not in routine contact with community services, to assure that they are receiving the proper disaster relief services. These may include:

- Coordination with DHS which maintains a list of group homes and other licensed residential facilities where elderly persons and people with disabilities may reside. This list should then be distributed to appropriate government departments and local emergency management teams.

- Liaison with the County Department of Social Services' In-Home Supportive Services program which has procedures to contact its clients in

an affected disaster area to see if clients need disaster related assistance.

- Community centers and local sites where people with disabilities may spend time or receive services can become primary sources of information and assistance in the event of a disaster. These entities should be encouraged to develop their own disaster response plans, including identification of and contact with persons with disabilities served by the agency who may have been affected by the disaster.

IMMEDIATE RESPONSE

Transporting People with Disabilities

In transporting and moving persons with disabilities in a disaster, there are several issues to keep in mind. Persons' disabilities vary in type and severity. The notion that persons with disabilities are entirely helpless and need to be "rescued" is a myth that has been perpetuated through traditional stereotypes. Therefore, in assisting individuals with disabilities, it is important to understand that many people with disabilities are capable of assuming responsibility for their own evacuation and emergency power needs. However, there are specific transportation issues that persons with disabilities will face in a disaster. For example, transportation routes that people generally utilized and were oriented to using may no longer be available when roadways are damaged. People who may have had accessible vehicles or transportation arrangements made before the disaster, may no longer have access to these resources. As supplies and services become limited, individuals are referred to distant places, and consequently encounter new problems in transportation and accommodation. People unable to return to their home will have to go to shelters, generating even larger numbers of individuals needing assistance at crowded sites. Links between the public and para-transit systems are imperative.

Strategies for Improvement

1. All services should take into account that each individual with one or more disabilities has a unique set of concerns and requirements.

- Persons with disabilities can most often explain their transportation needs, including any assistance needed, if asked directly. Some suggestions for staff and volunteers who may be transporting persons with disabilities in an emergency include:

- Persons using wheelchairs should always be asked at the outset what method is best for assisting or transferring them and caring for their equipment.

- A wheelchair user might be able to walk short distances, alone or with the assistance of a cane, crutches or braces. Some wheelchairs, including

some electric wheelchairs can be folded and accommodated in a car. Other persons may need a wheelchair lift van for transit.

➢ When moving a person with self-contained oxygen units, the devices should be firmly secured and kept away from heat and flames.

➢Visually impaired or totally blind persons should be consulted with respect to the best method in assisting them.

➢ There are varying degrees of hearing impairments, ranging from inability to hear specific sounds to total deafness.

- ➢ When assisting people who are partially deaf, the person should be faced directly and spoken to clearly.

- ➢ Hearing aids may amplify background noise or not be adequate under stressful situations. Non-verbal measures include writing or use of a communication board may be needed.

➢ Persons with psychiatric disabilities may need reassurance and support during this especially stressful time. An individual's symptoms may be slightly or significantly worsened, but many people will not have specialized transportation issues.

➢ Individuals who are developmentally disabled may need repeated directions given in a straightforward manner. It is important to remember that adults with developmental disabilities should not be spoken to as children even though the vocabulary and content may need to be more basic than usual.

➢ People with learning or cognitive disabilities, as well as the elderly may have more difficulty in remembering or responding to disaster instructions.

➢ Individuals should be prepared with advance notice and a clear explanation when they are being moved from one facility to another.
➢ If the person becomes disoriented or confused, unnecessary discussions should be limited. The primary focus should be on the action which is necessary to accomplish the transfer to a new location.

➢ The elderly population may experience a number of common ailments

which may become worse in a disaster situation, including heart disease, cancer, stroke, arthritis, poor vision and hearing, depression and dementia (Blackburn, 1988). Understanding the high risk in the elderly population is paramount.

- Particular attention should be paid to possible vision deficit, hearing loss, cognitive changes, and acute illness.

- Precautions should be taken to prevent new or further injuries from falling during relocation.

2. Persons with disabilities who need medication on an ongoing basis and who have transportation barriers may experience two problems in a disaster. First, they may not be able to get to their regular pharmacy where their prescription and insurance information are available. Second, their regular vendor may have been affected by the disaster and may not be able to assist them. To help address these needs, it is recommended that:

- People who require medication on an ongoing basis maintain some level of a back-up dose as well as copies of prescriptions for refills.
- Local government emergency program managers/directors may want to develop strategies to be able to access County Health Clinics for the emergency dispensation of medication at shelters.

3. The local emergency response team should work with local transit agencies in identifying transit resources that are available to provide lift transportation to persons with disabilities. Examples may include:

- Airport shuttle services, especially lift equipped vehicles,
- Other lift-equipped vans such as those operated by community based disability service agencies or retirement residences,

- Public demand response systems for transporting persons with disabilities in a community, as well as private lift van companies.

IMMEDIATE RESPONSE

Communication Systems

People with disabilities face unique emergency needs during disasters. It is imperative that they receive information immediately in accessible formats to respond properly and minimize false expectations. Communication during an emergency situation should be simple, direct, realistic and accurate. The best strategy to assure that communication will be the most accessible to the widest range of persons is to present information in the most direct and straightforward manner possible, to present it auditorially, visually, and multiple times. These general techniques will allow persons with visual, hearing, cognitive, and physical disabilities to have the greatest opportunity to access the information. In addition, these multi-media approaches will work well for other groups of persons such as the elderly, the non-English speaking, and those whose concentration is affected by the great stress of the disaster situation.

Strategies for Improvement

1. OES should assure, through the local emergency program managers/ directors, that the Emergency Digital Information System (EDIS) is utilized where it is available and needed during a disaster. This will allow bulletins and newscasts to be captioned in these areas so they are accessible to persons with hearing disabilities.

2. OES, through its operation of the State Warning Center, and its Emergency Alert System (EAS) designated radio and television stations should strongly recommend to EAS stations that they include the phone number for the California Relay Service for the Deaf and Speech Impaired in all warning messages. They should also recommend that the information provided by EAS stations also be sent to the Relay Service at the same time so that persons with hearing and speech impairments can receive information about the emergency and report their needs through the relay service.

3. Local government emergency disaster councils should work with community based agencies serving persons with disabilities and the general public to publicize which stations are the designated radio and television stations for information in the event of a disaster or a potential disaster.

4. Local access cable providers should be required, in their franchising agreement, to agree to provide emergency information in captioned form, as well as to read any visual information presented, so that persons with hearing impairments and persons with visual impairments can access it.

5. OES should strongly recommend that Emergency Alert System (EAS) television stations use captioning for critical emergency information. OES should also strongly recommend that EAS television stations repeat essential information orally as it is broadcast for visual display.

6. Public information officers from OES and other entities which may be called upon to assist in a disaster response effort should receive training on how to make information accessible to persons with disabilities, as well as appropriate language about disability. DR, OES, DSS, DHS and other agencies should collaborate to conduct this training effort.

7. Bulletins disseminated by the emergency operations centers should include information about services and accessibility provisions for persons with disabilities.

8. Push button life-line systems may want to research having the ability to switch their service from regular phone service to cellular service in an emergency.

9. A "grapevine" technique of network communications, both to get information about disaster response to persons with disabilities, and to get information about the unique needs of persons with disabilities to the general disaster response system should be planned for and implemented at the outset of a disaster.

- Local disability related agencies should be in contact with individuals who know the community and its residents with disabilities. These agencies should share information provided to them by the Emergency Operations Center with the disability community.

  These agencies should also share information about problems and the

unmet needs that persons with disabilities are experiencing in the disaster response effort. Information should be shared through the Disability Services Coordinator on the local disaster council and/or the DR representative or designee at the Emergency Operations Center.

IMMEDIATE RESPONSE

Distribution Site Accessibility

Both program and physical accessibility issues may be present for persons with disabilities at service and application centers that distribute forms, food stamps and hotel vouchers either via phone or in person. Written materials need to be accessible for persons with visual impairments and learning disabilities which affect reading and may need additional explanation for persons with cognitive disabilities. Physical access to the facility, waiting lines, restrooms, and telephones need to be available. Depending on the weather, some persons with disabilities may be unable to wait outside in lines for extended periods of time. Alternate policies and procedures to provide program access may be needed to make the services of distribution and assistance centers accessible to persons with disabilities. While analysis of these needs and any revised policies and procedures need to be in place before a disaster, they must be quickly and consistently applied at all centers at the time of the event.

Strategies for Improvement

1. Local disaster councils should work with distribution sites for food and water to identify strategies which will provide access for persons with disabilities to receive food and water. These may include:

- Procedures which allow persons with disabilities to receive more than the general allotment of food and/or water reducing the need to return to the site daily;

- Use of a “one-stop” model where people can receive multiple disaster response services;

- Distribution of food and water to community based disability organizations who may agree to deliver it to their clients;

- Publication of available assistance sites and application for services over the Internet, as well as by phone, so that people can easily access information about how to secure needed services.

IMMEDIATE RESPONSE

Medical Supplies and Durable Medical Equipment

A disaster poses significant additional medical and health risks for persons with disabilities. The stress and possible injury may worsen an already unstable medical condition and may even worsen an otherwise stable disability. In addition, without prompt attention to securing medication, assistive devices, and personal care assistance, if needed, the person's disability can quickly worsen to a critical stage. Such an event is very undesirable both for the person's well being and because the need for more intensive medical intervention will further overload hospital and medical systems which are dealing with newly injured persons.

Strategies for Improvement

1. As a matter of policy, during a disaster, DSS should assure that persons with disabilities can access electrical power outlets for needed adaptive equipment. In addition, shelters, especially those which are accessible to persons with physical disabilities, should establish a link through the local disaster council with durable medical equipment providers in the area which may be able to loan, repair, or replace adaptive equipment (e.g. battery charger, wheelchair, etc.), which is not available as a direct result of the disaster.

2. Power companies should be encouraged, whenever feasible, to restore power first to persons who are registered with the company and utilize lifeline service. This will allow persons with disabilities to utilize critically needed adaptive equipment and could make the difference between their ability to remain in their home versus their need for relocation to a shelter.

3. In the event of a disaster or other catastrophe resulting in an emergency proclamation by the local or State government, or a disaster declaration by Federal authorities, DHS should assure that Medi-Cal and other beneficiaries of Public Health Programs under DHS jurisdiction such as Children's Care (CCS), Maternal and Child Health (WIC), and services for persons with AIDS are allowed replacement of lost or damaged dentures, hearing aids, and other adaptive devices. This should occur as soon as possible and without undue financial burden on the beneficiaries or the providers of the item or device.

   - Non institutional providers of health services, including pharmacies and durable medical equipment suppliers willing to assist in the event of a disaster, should be identified during the planning stage. Consideration for

payment of services should be part of the planning sequence and placed into all contingency plans.

4. Pharmacies willing to assist in obtaining life-sustaining drugs on an emergency basis should be identified in the disaster planning stage. Those which are publicly funded should be assured, in a policy letter from the Department of Health Services Director or Program or Field staff involved, as appropriate, of the conditions for payment if they agree to assist in this effort.

IMMEDIATE RESPONSE

Shelter Accessibility

As with other aspects of disability response, much of the planning about access to shelters needs to have been addressed prior to a disaster. The major issues to be dealt with during immediate response are physical and program access issues, consistent application of fair policies and procedures, and availability of key support service staff such as sign language interpreters and personal care providers.

Strategies for Improvement

1. Local emergency response teams need to assure that policies are in place regarding transfer of persons with disabilities, when necessary. If a shelter cannot handle a particular situation, prompt transfer to a viable, accessible facility must be possible.

- Alternatives to inaccessible shelters need to be clearly communicated to people with disabilities.

- Because non-English speaking people with disabilities are even more vulnerable to the effects of disasters, the use of staff which is sensitive to disability and culturally diverse groups is essential for communicating the options that are available.

2. Reliable information must be systematically disseminated throughout the facility by relief personnel.

- Signage pertaining to the accessibility of specific shelters and where they are located should be posted throughout the facility.

3. Strict command and control measures during sheltering, in keeping with DSS existing policy, should be maintained.

- Each shelter should have an individual registry and sign-in for all people who are housed on or off site, or in contact with the shelter.
- Each site registry should be tied into a larger location network directory.

- Monitored points of entry to the facility should insure facility access only to occupants wearing proper identification badges.

IMMEDIATE RESPONSE

Support Services Through Community Organizations

For all aspects of disaster response for persons with disabilities, support services need to be available to meet the unique needs of persons with disabilities. Such services include sign language interpreters for deaf persons, the ability to provide written materials in Braille, large print, and on audio cassette, persons who can provide additional explanation to persons with cognitive impairments, and personal care providers. The capacity to have these systems available on short notice needs to be built prior to a disaster and therefore is addressed in the advance planning stage. During immediate response, these services need to be quickly available for various functions but may not be needed for each function such as rescue, shelters, distribution centers, at each and every site. Community based organizations which already serve persons with disabilities are excellent resources for this service. However, the infrastructure must be built into the general disaster response system prior to the time they are needed for their assistance to be available and useful.

Strategies for Improvement

1. The local disaster council through its designated Disability Services Coordinator can contact the local Department of Rehabilitation, independent living center, and other non-profit agencies serving persons with disabilities, to assist with disaster response coordination and information distribution, and for use as possible distribution sites for relief supplies and social services.

2. As previously indicated, local disaster councils in each county are already in place. The participation of a Disability Services Coordinator as part of the council will facilitate working with community based groups to enhance any disaster program.

3. As required by the ADA, any entity covered by Title II such as FEMA, OES, or DSS should assure that phone communication set up during a disaster to provide information **to the general public** about services, including toll-free numbers, includes TDD access for hearing impaired persons.

- If recorded messages with updated emergency information are available to the general public, they should also be available through a TDD line for

relatives, friends and volunteers outside the emergency area.

- Staff should be trained in the use of the TDD so that an effective response can be made to the calls received.

4. Despite the widespread development of social services for people with disabilities, particularly the elderly, individuals in minority ethnic groups and those living in rural settings may be unaware of, or unwilling to use available services.

- Relief workers need to be aware of the lack of knowledge or stigma attached to receiving services and give appropriate referrals and assistance in applying for relief programs.

5. It is unrealistic to assume that the needs of all people with severe disabilities can be adequately addressed in hastily prepared shelters. Local disaster councils need to identify, in advance of a disaster, other options to meet the needs of persons with the most severe disabilities who need a higher level of service. Options may include, but are not limited to:

- Use of skilled nursing facilities and other medical care facilities as short term alternatives to general shelters for persons who need significant personal care and/or medical services which cannot be met anywhere else.
- Local disaster councils should continue to assure the availability of a public health nurse at shelters for unforeseen medical emergencies which can be safely treated at the shelter site.

POST DISASTER RECOVERY

HOUSING REPLACEMENT AND RESTORATION

REIMBURSEMENT TOWARD RECOVERY
OF DISASTER RELATED EXPENDITURES

POST DISASTER RECOVERY

Housing Replacement and Restoration

The recovery phase begins after the life safety issues have diminished to a manageable level. The recovery phase is then followed by the restoration phase. For people with disabilities, who are often on fixed incomes, post-disaster rental increases are a significant problem. Replacement or restored housing is often inaccessible as well as unaffordable.

Strategies for Improvement

1. As previously indicated, disability related resources such as the independent living centers and Regional Centers should work with disaster response agencies and local housing authorities, and other entities responsible for residential facilities, to develop options for placement of individuals with disabilities, once their homes have been declared temporarily or permanently uninhabitable ("yellow-tagged" or "red-tagged", respectively).

2. City agencies should be encouraged to work with community based disability related agencies through the local disaster councils' Disability Services Coordinator, to expeditiously provide for repair and hazard removal at the housing sites of people with disabilities.

- An emphasis should be placed on physically reorganizing for safety and simple access modifications, such as installing ramps.

3. The Department of Housing and Community Development should develop programs to assist consumers in applying for replacement Section 8 (HUD) vouchers and certificates.

4. Policies for allowing guide dogs or pets at temporary shelter sites should be part of relocation programs.

5. Any specialized restoration task force should include representation of individuals with disabilities.

- The restoration should include teams that focus upon:
  Structural Restoration Salvage
  Inventory Insurance

Nonstructural Restoration

- The restoration teams should remain in control until the situation has stabilized, and recovery processing has been standardized.

DISASTER PREPAREDNESS FOR PERSONS WITH DISABILITIES

IMPROVING CALIFORNIA'S RESPONSE

V. LIST OF RESOURCES

DISASTER RELIEF FACILITIES AND ORGANIZATIONS

PREPAREDNESS HANDBOOKS AND INSTRUCTIONAL MATERIALS

RESOURCES

Disaster Relief Facilities and Organizations

American Red Cross (ARC)
Emergency Services, Golden Gate Chapter, ARC
1550 Sutter
San Francisco, CA 94109
(415) 776-1500

Business and Industry Council for Emergency Planning and Preparedness (BICEPP)
P.O. Box 1020
Northridge, CA 91328
(213) 386-4524

California Office of the State Architect
Seismic Program Section
400 P Street, 5th Floor
Sacramento, CA 95814
(916) 323-9862 (Gary Sills); (916) 445-2600 (Larry Guthrie)

California Seismic Safety Commission
1900 K Street, Suite 100
Sacramento, CA 95814
(916) 322-4917; (916) 322-9476 FAX

California Universities for Research in Earthquake Engineering
1301 South 46th Street
Richmond, CA 94804
(510) 231-9557; (510) 231-5664 FAX

Federal Emergency Management Agency
Region 9, Building 105
Presidio of San Francisco
San Francisco, CA 94129
(415) 923-7100 (24 Hour Line)

Governor's Office of Emergency Services

2800 Meadowview Road
Sacramento, CA 95832
(916) 262-1843

Office of Emergency Services Earthquake Programs

Northern California
1300 Clay Street, Suite 400
Oakland, CA 94612
(510) 286-0895

Inland California
2550 Mariposa Mall
Room B181
Fresno, California 93721
(209) 445-5672

Southern California:
1110 East Green Street, Suite 300
Pasadena, CA 91106
(818) 304-8383

Salvation Army
Emergency/Disaster Department
900 W. 9th Street
Los Angeles, CA 90015
(213) 627-5571

Salvation Army
Senior Meals and Activities Program
850 Harrison Street
San Francisco, CA 94107
(415) 777-5350

Paul Imperiale, Mayor's Disability Coordinator
10 United Nations Plaza, Suite 600
San Francisco, CA 94102
(415) 554-8925, 554-8749 TDD; 554-8769 FAX; 201-0234 Pager

Southern California Earthquake Center Knowledge Transfer Program
Contact: Jill Andrews, SCEC Director for Knowledge Transfer
(213) 740-3459, (213) 740-0011 FAX, e-mail: jandrews@coda.usc.edu

Structural Engineers Association of Southern California
Doug Litchfield, Disaster Emergency Services
5360 Workman Mill Road
Whittier, CA 90601

RESOURCES

Preparedness Handbooks and Instructional Literature

Technical Guidance for Relief Staff and Volunteers

Assisting Disabled and Elderly People in Disasters (1985). Guide for first responders. American Red Cross, Emergency Services, Golden Gate Chapter, 1550 Sutter, San Francisco, CA 94109; (415) 776-1500. 30 pp. , $4.00.

Getting the Work Out: "Crisis Communication," and "Preparedness and Planning." Bay Area American Red Cross. Sessions of the 1991 S.F. Bay Area Business, Government & Red Cross Disaster Conference.
17 minute video. Available on loan from the State Office of Emergency Services Coastal Region Administrative Offices; (510) 286-0895.

"Special Needs in Emergency Planning and Preparedness." NETWORKS: Earthquake Preparedness News, Vol. 6, No. 2, Fall, 1991. Periodic Publication of BAREPP. p. 8-10. Paul Imperiale, Mayor's Disability Coordinator, S.F. Mayor's Office of Community Development, City and County of S.F., 10 United Nations Plaza, Suite 600, San Francisco, CA 94102, (415) 554-8925; 554-8749 TDD; 554-8769 FAX; 201-0234 Pager.

"Earthquake Safety and Public Buildings Rehabilitation Bond Act of 1990 (Proposition 122)." California Office of the State Architect, Seismic Program Section, 400 P Street, 5th Floor, Sacramento, CA 95814, Gary Sills: (916) 323-9862, Larry Guthrie: (916) 445-2600. (Includes Legislation directing the three phase program for the determination of which state-owned government buildings require seismic hazard reduction and retrofit.)

Earthquake Recovery and Reconstruction Planning Guidelines, available on loan from the state OES Southern Region Administrative Office, 11200 Lexington Drive, Bldg. 283, Los Alamitos, CA 90720-5002, (310) 795-2905. (Includes California Government Code, Chapter 12.4, the Disaster Recovery Reconstruction Act of 1986, stipulating how cities/counties and other entities might better prepare before a disaster and expeditious recovery afterwards.)

Earthquake Ready, Virginia Kimball, Roundtable Publishing, Inc., Santa Monica, CA, 1988, $13.95. (Includes advice on home preparation and special care for

infants, the elderly, and pets.)

United State Geological Survey Quake Report, USGS Quake Report, 345 Middlefield Rd., Menlo Park, CA 94025, Free. (Includes ground effects and earthquake prediction and extensive bibliography and resource guide.)

Post-Earthquake Damage Evaluation and Reporting Procedures: A Guidebook for California Schools, Office of the State Architect, March 1993, Richard Ranous: (818) 304-8385, Dennis Bellet: (916) 445-0783.

Procedures of Post-earthquake Safety Evaluation of Buildings, Applied Technology Council, 555 Twin Dolphin Dr., Suite 550, Redwood City, CA 94065-2102, (415) 595-1542.

Steps to Earthquake Safety for Local Government, California Seismic Safety Commission, 1900 K Street, Suite 100, Sacramento, CA 95814, (916) 322-4917, (916) 322-9476 FAX

San Francisco Corporate Disaster Planning Guide, 2nd ed., Red Cross Disaster Resource Center, 1550 Sutter Street, San Francisco, CA 94109, (415) 776-1500, $20. (Excerpts from San Francisco corporation disaster plans; emergency equipment vendors list; lists of supplies, kits, and training materials.)

Employee Earthquake Preparedness for the Workplace or Home, 20 minute slide or videocassette program and workbook, video: $50.00, workbook: $1.00, Red Cross Disaster Resource Center, 1550 Sutter Street, San Francisco, CA 94109, (415) 776-1500.

Guidelines for Reporting and Writing About People with Disabilities, 4th ed., 1993, Research and Training Center on Independent Living, 4089 Dole Bldg., University of Kansas, Lawrence KS 66045, (913) 864-4095 (voice/TDD) or (313) 864-5063 (FAX).

Disaster Preparedness Information for Individuals with Disabilities and Family Members

Disaster Preparedness for Disabled and Elderly People. American Red Cross, 36 pp., 1985. $4.00, American Red Cross, Emergency Services, Golden Gate Chapter, 1550 Sutter, San Francisco, CA 94109, (415) 776-1500

Earthquakes and Other Disasters: A Handbook for Seniors on Emergency/ Survival Preparedness, Large Print, 30 pp., California Association of Area Agencies on Aging, 505 Poli Street, Third Floor, Ventura, CA 93001, (805) 652-7560.

The Silent Quake: Preparedness for the Hearing-Impaired." 1987, Video, 40 minutes, $12.00 + $2.50 shipping, American Red Cross (ARC), Audiovisual Dept., 2700 Wilshire Blvd., L.A., CA 90057, (213) 739-5293.

EARTHQUAKES: A Survival Guide for Seniors. State OES Coastal Region Administrative Office, 1300 Clay Street, Suite 400, Oakland, CA, 94612, (510) 286-0895 or the State OES Southern Region Administrative Office, 11200 Lexington Drive, Bldg. 283, Los Alamitos, CA, 90720-5002, (310) 795-2905.

The Next Big Earthquake: Are you Prepared? U.S. Geological Survey, 1990, 24 pp., (The science of determining earthquake probabilities; structural safety; home and workplace preparedness.)

"Learning to Live in Earthquake Country: Preparedness for People with Disabilities" (1985), 20 pp., *State OES Coastal Region Administrative Office, 1300 Clay Street, Suite 400, Oakland, CA, 94612, (510) 286-0895* or the State OES Southern Region Administrative Office, 11200 Lexington Drive, Bldg. 283, Los Alamitos, CA, 90720-5002, (310) 795-2905.

"Responding to the Needs of People with Serious and Persistent Mental Illness in Times of Major Disaster" (1996), Department of Health and Human Services, Publication No. (SMA) 96-3077, National Mental Health Services Knowledge Exchange Network, P.O. Box 42490, Washington, D.C. 20015, (800) 789-2647; TTY (301) 443-90006.

My Emergency Plan and Information Packet, 1991, 10 pp., The Salvation Army, Senior Meals and Activities Program, 850 Harrison Street, San Francisco, CA

94107, (415) 777-5350 $2.00 +$1.00 postage.

Surviving the Big One: How to Prepare for a Major Earthquake, One Hour Video, Los Angeles PBS Station KCET, (800) 228-5238, $20.00 plus postage.

California at Risk: Reducing Earthquake Hazards 1992-1997, California Seismic Safety Commission, 1900 K Street, Suite 100, Sacramento, CA 95814, (916) 322-4917; (916) 322-9476 FAX.

Earthquake Preparedness for Office, Home, Family & Community (1994), 31 pp., Lafferty & Associates, Inc., P.O. Box 1026, La Canada, CA 91012.

Be Ready, Be Safe: A Child's Guide to Preparedness (1994), Coloring Book, Lafferty & Associates, Inc., P.O. Box 1026, La Canada, CA 91012.

Living and Lasting on Shaky Ground, An Earthquake Preparedness Guide for People with Disabilities, (1996) Independent Living Resource Center San Francisco, 70 10th Street, San Francisco, CA, 94103,
(415) 863-0581.

DISASTER PREPAREDNESS FOR PERSONS WITH DISABILITIES

IMPROVING CALIFORNIA'S RESPONSE

VI. APPENDICES

APPROPRIATE LANGUAGE

PARTICIPANTS

APPENDIX

APPROPRIATE LANGUAGE GUIDELINES WHEN ASSISTING PEOPLE WITH DISABILITIES

APPENDIX

APPROPRIATE LANGUAGE

Language Guidelines for Assisting People with Disabilities

1. All information disseminated should be sensitive to the traditional tendency toward incorrect stereotyping.

➢ Distinctions between people with and without disabilities should not include terminology such as "normal" versus "crippled." People who do not have a disability are appropriately referred to as " non-disabled or able-bodied." Generalizing terms such as "the disabled" should be clarified as "persons with disabilities."

➢ "Handicap" is not synonymous with disability. Handicap refers to social and environmental barriers that individuals, as a result of their disability are faced with. The term "disability" or "disabled" is the preferred verbiage by people with disabilities and the disability community.

➢ People with disabilities do not want pity. Terms applied to them such as "victims," "sick," "suffering," "afflicted," "patients," "disease," "confined" and "tragic" convey the sentiment of pity and therefore are inappropriate and should not be used.

➢ It is not appropriate to refer to a person with the disability or disease they may have as the descriptor, e.g. "the arthritic who lives in the white house".

➢ Physical and mental disabilities are distinct conditions. Although an individual may have a physical and a mental impairment, presence of one condition does not imply the automatic coexistence of the other.

➢ Catch-all phrases and generic labels should be avoided. For example, referring to all individuals with a range of visual impairments as "the blind" is

improper. Similar logic applies to other types of disabilities which vary in degree and impact with respect to each individual's situation and response.

- Emphasis should be placed upon an individual's unique abilities and the issues that affect the quality of life for people with disabilities rather than limitations.

APPENDIX

ATTENDEES AT COMMUNITY FORUMS

SOUTHERN CALIFORNIA PARTICIPANTS

NORTHERN CALIFORNIA PARTICIPANTS

APPENDIX

Attendees at Community Forums

Southern California Participants

Alex Arcuri, ADA Compliance Officer
Mayor's Office for Disabled
City of Los Angeles
City Hall, 200 North Main Street
Los Angeles, CA 90012
(213) 847-6564; (213) 346-7375 FAX

Joy Aroff
Project Support for Spinal Cord Injury
11755 Wilshire Boulevard, #860
Los Angeles, CA 90025
(310) 996-0311; (310) 996-0301 FAX

Carmen Audis
Multiple Sclerosis
230 N. Maryland Avenue, Suite 303
Glendale, CA 91206
(818) 247-1175; (818) 247-1364 FAX

Rosanne Bell
Self Aid Workshop
Glendale Association for Mentally Retarded
6512 San Fernando Road
Glendale, CA 91201
(818) 242-2434; (818) 242-3010

Dusty Bowenkamp, Disaster Help Supervisor
American Red Cross, Emergency Services
2700 Wilshire Blvd.
Los Angeles, CA 90057
(213) 739-5207; (213) 739-6552 FAX

Bill Butler

Dept. of Public Social Services (DPSS)
12860 Cross roads Parkway South
City of Industry, CA 91746

Marina Campos
Salvation Army
14917 Victory Boulevard
Van Nuys, CA 91411
(818) 781-5739; (818) 781-5140 FAX

Evelyn Cederbaum, Assoc. Director
National Center on Deafness
California State University, Northridge
1811 Nordhoff Street, Building O
Northridge, CA 91330
(818) 885-2611

Karen Crockett-Lindstrom
Visiting Nurses Association
520 South LaFayette Park Place, Suite 500
Los Angeles, CA 90057
(213) 386-7200; (213) 386-4227 FAX

Robert Cummings, Executive Director
Dayle McIntosh Center for the Disabled
150 West Cerritos, Building #4
Anaheim, CA 92805
(714) 772-8285

Wally Duncan
Goodwill Industries
14565 Lanark Street
Panorama City, CA 91402
(818) 782-2520; (818) 782-3130 FAX

Marie Evans
Rehabilitation Nurse, Retired

4053 Marchena Drive
Los Angeles, CA 90065
(213) 223-4510

Cindy Flerman
California Council of the Blind
3919 Magnolia Boulevard
Burbank, CA 91505
(213) 268-4526 (home); (800) 221-6359 (office)

Robert Gorsky
City Manager's Office of Pasadena,
Affirmative Action Division
100 North Garfield, Room 323
Pasadena, CA 91109
(818) 405-4216; (818) 405-4784 FAX

Laura Hernandez, Emergency Services Coordinator
City of Santa Monica
Santa Monica Fire Department
1444 7th Street
Santa Monica, CA 90401
(310) 458-8686

Darlene Ifbell
Emergency Medical Services
5555 Ferguson Dr., Suite 220
City of Commerce, CA 90022
(310) 793-1510

Camille Jones, Coordinator
Disability Services - City of Culver City
4153 Overland Avenue
Culver City, CA 90230
(310) 202-5864; (310) 838-7142 FAX

June Isaacson Kailes, Disability Policy Consultant
6201 Ocean Front Walk, Suite 2
Playa Del Rey, CA 90293

(213) 821-7080; (310) 827-0269 FAX

Ted Kamsler, Commissioner
City of Pasadena - Disabilities and Access
Pilgrim Towers East, Suite 204
404 North Madison Avenue
Pasadena, CA 91101
(818) 405-4216 office; (818) 568-8333 (residence)

Holly Kiger
Senior Health and Peer Counseling
The Ken Edwards Center
1527 4th Street
Santa Monica, CA 90401
(310)829-4715, ext. 239; (310) 453-8485 FAX
(310) 588-6022 beeper

Jo Kimmel, Emergency Services Coordinator
Office of Emergency Services
1110 Green Street
Pasadena, CA 91106
(818) 304-8382

Laurie Kominski
IAM CARES
2600 W. Victory Boulevard
Burbank, CA 91505
(818) 845-5609; (818) 972-9830 FAX

Terry Lantz
United Cerebral Palsy
7630 Gloria Avenue
Van Nuys, CA 91406
(818) 873-3366; (818) 909-9106 FAX

Irene Mednick
Adult Day Health Center
12817 Victory Boulevard
North Hollywood, CA 91606

(818) 766-0397; (818) 766-3926 FAX

Dennis Meehan, Community Activist
469 East Mountain Street
Pasadena, CA 91104
(818) 798-2403

Robert Miletich, Human Services Administrator
Department of Public Social Services
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